

	Project Group: Community Workgroup Leader	
	Goal: Vermonters will live in communities that support healthy life-styles and offer opportunities to prevent and manage chronic conditions.	
	Increase physical activity by 15%	
	Populate 211 with physical activity and nutrition programs by community with HSA's	
	High Level Objectives	1) By 2010 each city and town with of population of 2,000 or more has in place a walking program for adults with, or at risk for chronic conditions.
		2) By 2010 increase to 45% from 41% the proportion of individuals with diabetes in care who exercise at least 30 minutes/day, 5 days/week and to 79% from 65% the who exercise at least 15 minutes /day, 5 days/week
		3).By 2010, halt the increase in the proportion of adults who are obese at 22 percent.
	Data Sources	BRFSS, Registry, Grant reports,
	Prioritized Activities	
	Year One	1)Convene community workgroup on a regular basis by March 30th
		2). Identify best practices nationally for physical activity and nutrition
		3) Inventory physical activity and nutrition programs and populate 211 by Community/HSA
		4) Implement new or evidence based physical activity and nutrition programs in pilot HSA's, including a social support component
		5).Administer plans for each HSA based on RFP responses
	Year Two	1) Rollout programs,information and strategies to at least 3 other Communities/HSA's statewide in 2007
		2) Partner/team with retail stores, restaurants and communities to facilitate adoption of healthier behaviors
		3) Expand to other risk factors in 2006, ie. poor nutritional behaviors
		4) Develop educational and awareness campaigns
		5) Educate other referring community organizations
		6) Educate all providers, diabetic educators and staff in pilot communities regarding community resources in tandem with VPQHC on CCM

	Objectives /Milestones	Activities	Who Responsible	Start Date	Due Date	Status	State Measures/ Outputs	Pilot Measures/ Outputs	Notes
	Identify pilot sites					Done			
	Convene community workgroup on a regular basis		Karen Garbarino,Joan						
	Determine programs within communities	Identify Physical Activity programs and in pilot communities	Work with Obesity Program/project manager and/or community lead			in process with ObesityProgram and District Offices	List of community PA programs is developed and 211 populated with information	Align with the Obseity Program grant and Physical Activity Grant	
		Identify Physical Activity resources in pilot communities	Work with Obesity Program; project manager and/or community lead				List of community PA resources is developed including an Inventory Built of environment		
		Identify best practices nationally for physical activity	Suzanne Kelly, Karen Garbarino			Done	Develop menu of best practices and share with communities and state wide group	Develop RFP for Community Funding/work plans, based on evidence	

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F1.1		Implement walking programs					By 2010 all cities/towns with population of 2000+ will have a walking program in place for adults with or at risk for chronic conditions.	Start with HSAs engaged in pilot roll out	
	Aid in further development of community resources	Review and approve community part of statewide RFP. If funding available, send RFP for Mini grants	Karen Garbarino, Ellen		1st by 6/30 Annually by May	done	RFP's developed to use for future programs	Pilot sites get proposals for funding approved	
		Establish measures and criteria for evaluating use of grant funds	Jane Suder - draft document	5-Sep	15-Nov	evaluation and reporting tools in development	Tool for reporting developed to determine % of measures met	Tool used for reporting on grant at 3,6, and 12 months	Will require 3 and 6 month evaluation
		Establish budget for communities	Executive Director			done FY 06	Based on blueprint plan and funding	funding delivered to community	Reassess funding annually
		Award grant to community after reviewing proposal	Executive Director; workgroup leaders		annually by July 1	done for yr. 1	Proposals reviewed, feedback and grants given to communities	Proposals reviewed, feedback and grants given to communities	

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F1.2	Identify communication routes								
		Educate providers and staff and community organizations re: PA resources available in community	local community lead/project manager			local schedule with project managers	75% of practices will be educated regarding activity resources in community	75% of practices will be educated regarding activity resources in community	Workgroups will collaborate on required provider educational sessions; train local trainers as indicted (i.e. self-managment)
	Evaluate implementation	Decide on evaluation format	Jane Suder - draft document;work group leaders; VDH staff for PA - community workgroup					BRFSS questionairres locally; BRFSS data	BRFSS data; strategic plan outcome measures?
		Develop evaluation tool	With provider practice workgroup/ AHRQ Consultant				Develop questions to be used in evaluation tool	Give survey to practices/provi ders	Team with all other work groups to develop one tool

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		Analyze evaluation of what worked and what didn't re: getting people into programs, completeting programs and maintaining behavior changes					Recommend changes as identified by evaluation		?survey year out for sustainability
		Change plan as identified by evaluation					Revise tools/ materials to share with new communities		
	Develop plan to replicate in all towns	Develop tools for use by other communities, ie. provider form, communication form, programs that worked well					Tools available for use by other communities		
F1.3	Determine nutritional goals with obesity program group	Inventory resources within communities for nutrition	Workgroup link with Obesity Program/goals				People will eat 5 or more servings of fruits and vegetables per day	People will eat 5 or more servings of fruits and vegetables per day	How measured? BRFSS?

	Objectives /Milestones	Activities	Who Responsible	Start Date	Due Date	Status	State Measures/ Outputs	Pilot Measures/ Outputs	Notes
Year 2		Identify best practices nationally for nutrition and education/implementation	Align with Obesity Program/Grant				Develop menu of best practices and share with communities and state wide group	Develop menu of best practices and share with communities and state wide group	
F1.2		Develop referral form for providers to use	With provider practice workgroup				Referral form given to practices during education	Practices use 211 and informational forms to send patients to community programs -	This will be used as part of practice education
		Educate providers, practice staff and community organizations re:nutritional resources available in community				211?	75% of practices will be educated regarding nutritional resources in community - 211	75% of practices will be educated regarding nutritional resources in community	Educate providers about 211 system - where info should be posted?
		Develop educational and awareness campaigns for PA and nutrition	Community leader for each HSA/project manager for HSA				Increase participation by ___% # of people who participate and complete programs (number to be determined by baseline data captured fiscal 2005		Marketing ?Target media campaign, ? Competition between groups, dependent upon monies

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?F1.3	Change community norms	Partner/team with retail stores, and restaurants to facilitate adoption of healthier behaviors; healthy choices	Pilot community partners, community Workgroup				Partner with restaurants to disclose full nutritional information on menu items, stores to have healthy food near register	Pilot with community partners, develop tool kit	This is not part of local workplans and funding - currently